RACQ Foundation | Community Grant Application - Recovery

* indicates a required field

Application ID

If you do contact us throughout the application process, please quote the application number below.

Application Number This field is read only.

Natural Disaster Recovery Grant

The recovery grant gives community groups, charities, sporting clubs and First Nations Councils the opportunity to rebuild after natural disasters. The grant must be used to:

• pay for material items or something tangible; or

· have a positive community impact; or

• cover the costs incurred by the organisation in relation to the cleaning and restoration of property with any disaster mitigation works forming a component of the overall grant.

Recovery Eligibility Criteria

To be eligible for funding your organisation must meet each of the criteria outlined below:

- 1. Your organisation must be either:
 - a small to medium community organisation;
 - a charity or other organisation with a charitable purpose; or
 - a Queensland First Nations Shire*.
- 2. The project must benefit Queenslanders who have been significantly affected by flood, other weather event or natural disaster or seek to prevent such events from negatively impacting on Queensland communities.
- 3. The project must be completed within 6 months of grant approval.
- 4.The grant must be used to:
 - pay for material items or something tangible; or
 - have a positive community impact; or
 - cover the costs incurred by the organisation in relation to the cleaning and restoration of property with any disaster mitigation works forming a component of the overall grant.
- 5.Applications to the RACQ Foundation are expected to be for amounts of up to \$25,000 with requests for amounts of up to \$50,000 in exceptional circumstances only.
- 6.Applicants may only receive a grant once every 12 months. Applicants which have received grant approval in the previous 12-month period, will not be considered.

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Form Preview

- 7.Organisations that have not considered appropriate insurance requirements to ensure their assets have adequate insurance coverage (or the available level of insurance), may not be able to obtain a grant for these assets.
- 8. Where a third party is responsible for repairing or building infrastructure and items and not the organisation (for example a landlord under lease or a local government authority), the third party is responsible for making these repairs or constructions, whether or not covered by insurance, and the organisation is not eligible to make a claim for assistance from the Foundation for these items.
- 9.The RACQ Foundation Trustee Board may, in its absolute discretion, resolve to provide a grant to organisations that do not strictly meet the above criteria and may provide grants in addition to the cap.

As a general, the RACQ Foundation will not consider funding programs for:

- 1.Political purposes
- 2. Fundraising events or appeals (for example: charity auctions, dinners).
- 3. Salaries which are directly related to the project.
- 4. Sponsorships or scholarships.
- 5.Expenses that ought to be the primary responsibility of government or projects which duplicate existing local, state and federal government projects or programs (for example: SES and P&C associations).
- 6. Works that arise because of a poor history or lack of maintenance.
- 7.Government bodies (excluding Queensland First Nation shires as recognised by Local Government Authority of Queensland*).
- 8. Foundations that are grant making bodies.
- 9.Organisations which have received a grant from the RACQ Foundation in the last 12 months.

*Queensland First Nations Shires:

- Aurukun Shire Council
- Cherbourg Aboriginal Shire Council
- Doomadgee Aboriginal Shire Council
- Hope Vale Aboriginal Shire Council
- Kowanyama Aboriginal Shire Council
- Lockhart River Aboriginal Shire Council
- Mapoon Aboriginal Shire Council
- Mornington Shire Council
- Napranum Aboriginal Shire Council
- Northern Peninsula Area Regional Council
- Palm Island Aboriginal Shire Council
- Pormpuraaw Aboriginal Shire Council
- Torres Strait Island Regional Council
- Torres Shire Council
- Woorabinda Aboriginal Shire Council
- Wujal Wujal Aboriginal Shire Council
- Yarrabah Aboriginal Shire Council

Mitigation works

Funding support is available for disaster affected community organisations for projects which will mitigate the effect of future disaster events on infrastructure. Mitigation support may include aspects such as drainage and materials, surfaces and fixtures that are more resilient to damage. A clear rationale for improving the infrastructure will need to be established in the application to be eligible for mitigation support.

Privacy

The Applicant consents to its information being collected and stored for the purposes of administering, managing and promoting the funding services provided by the RACQ Foundation. As required for this purpose, the RACO Foundation may disclose such information to The Royal Automobile Club of Queensland Limited and its associated entities (RACQ Group) and to third parties, including but not limited to contractors, service providers, suppliers and Australian regulatory authorities. Such information may also be disclosed to third parties for the purpose of undertaking reference checks or making informal enquiries in relation to the Applicant and their application. The Applicant agrees that where it provides the personal information of any of its members or associated individuals, the Applicant does so with the full and proper consent of those persons. The Applicant consents to the RACO Foundation and the RACO Group using the Applicant's name and other identifying marks (such as the Applicant's logo) and other material provided by the applicant as part of their application or at a later date, on RACQ Foundation and RACQ Group promotional material including media releases, annual reports, brochures and on the RACO Group website for an unlimited period without remuneration. All applications are the property of the RACQ Foundation. For further information please refer to the RACQ Privacy Policy available on the RACQ website

Confirmation of Eligibility

Before proceeding, please confirm the following:

- you have read and understood the eligibility criteria
- you have read and understood the programs RACQ Foundation will not consider funding
- you are able to demonstrate alignment between your project and the aims of this program
- your organisation is a not-for-profit organisation
- your proposed project is located in Queensland
- your organisation is able to demonstrate financial viability
- your organisation has the appropriate type and level of insurance for the activities that are the subject of this grant

You must confirm	that all statements	above are	true and	correct.	*
□ Yes					

Organisation Contact

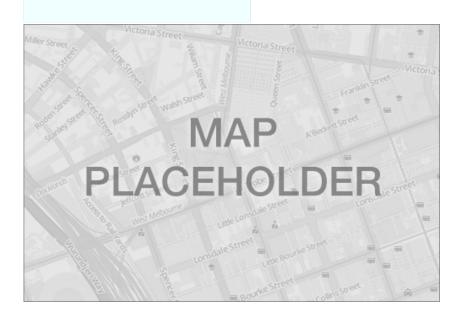
* indicates a required field

Applicant

Organisation Name * Organisation Name

Community Organisation / Club / Charity Name / Other (ensure you provide name as it is listed in official documentation).

Organisation street address * Address



Local Government Area your organisation is located in:

Automatic response following typing in your organisation's street address.

Organisation postal address * Address	ŧ
(If different from street address)	

Organisation primary phone number *

Please do not provide a personal phone number, if possible.

Organisation email address *

Please do not provide a personal email address, if possible.

Organisation website				
Must be a URL.				
Primary Contact Details				
Primary contact * Title First Name Last Name				
This is the person we will correspond with about this grant.				
Position held in organisation *				
e.g., Manager, Director or Fundraising Coordinator.				
Organisation Background				
* indicates a required field				
Date the organisation was established *				
Please select a date Provide a brief description of your organisation's background and purpose * Word count: (limit of 100 words)				
What type of not-for-profit organisation are you? * Education Sports Healthcare Animal welfare Economic development Environment Climate change Arts and culture Human and social welfare Emergency relief Human rights Religious or faith-based Research body Community group Please choose the option that best applies to your organisation				

Detail the characteristics of your target beneficiaries *

Word count:
For example, age, geographic location, socio-economic status, etc (limit of 100 words)
Organisation's current initiatives and achievements *
Word count: Please summarise the current key projects and achievements of your organisation (limit of 100 words)
What is your organisation's legal structure? * Unincorporated association Incorporated association Cooperative Company limited by guarantee Indigenous corporation, association or cooperative Organisation established through specific legislation Trust Unknown Number of members / community members who benefit from your organisation * For example, number of members in your sporting club (must be a number)
Provide numbers of paid staff *
(must be a number)
Provide numbers of volunteers *
(must be a number)

Organisation Financial Information

* indicates a required field

Please ensure the financial information provided in the below fields is from your last annual review statement.

What is your organisation's annual revenue? *

- Less than \$50,000
- O \$50,000 or more, but less than \$250,000
- \$250,000 or more, but less than \$1 million
- O \$1 million or more, but less than \$10 million
- \$10 million or more, but less than \$100 million
- \$100 million or more

Your revenue includes grants, donations, and other fundraising activities, fees for services, sale of goods, interest, royalties and in-kind donations that have been included in your accounts as 'revenue'. The Australian Charities and Not-for-profits Commission (ACNC) has more detailed information here: https://www.acnc.gov.au/tools/topic-guides/revenue.

Current assets *
Please refer to your financial statements (must be a dollar amount)
Total liabilities *
Please refer to your financial statements (must be a dollar amount)
Unrestricted cash / cash or cash equivalents *
Please refer to your financial statements (must be a dollar amount)
If you have a large unrestricted cash balance, please explain why your organisation cannot self-fund the project
(if applicable)
Restricted cash *
Please refer to your financial statements (must be a dollar amount)
Date of financial statements
(please enter a valid date)
What is your organisation's main source of income? * Donations Bequests Sale of goods and services Membership fees Government grants Sponsorships Other: You must select at least one response Is your organisation registered for GST? * Yes
 No Unsure You must select at least one response
Is your organisation registered for DGR? ○ Yes

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		re		

 No Unsure You must select at least one response
Does your organisation have an ABN? * ○ Yes ○ No
Applicant ABN *
The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.
Information from the Australian Business Register
ABN
Entity name
ABN status
Entity type
Goods & Services Tax (GST)
DGR Endorsed
ATO Charity Type More information
ACNC Registration
Tax Concessions
Main business location
As you do not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from the ATO website . Please upload completed Statement of Supplier Form. * Attach a file:
Max 25mb per file uploaded
What is your incorporation number? *
Incorporated Association or Australian Company Number
Project Details

* indicates a required field

Name of project / activity *

Word count: Provide a name for your project / program / initiative (limit of 25 words)
Value of funds requested *
Amounts of up to \$25,000 with requests for amounts of up to \$50,000 in exceptional circumstances only. This is the total value of funds you are requesting for this grant application (must be a dollar value).
Detail how the weather event(s) impacted your organisation and your community *
Word count:
(limit of 50 words)
Does your organisation (or third party such as a landlord) have insurance that covers damage for any or part of the project where funding is being requested? *
Word count: (limit of 50 words)
Details of any existing mitigation works undertaken prior to the natural disaster *
Word count: (limit of 50 words)
Project Details
Which natural disaster does your project relate to? * Drought Flooding Cyclone Bushfire Other:
You must select at least one response
When did the natural disaster(s) occur?
Please include the year e.g. 2024.
Please select which category type best suits your project needs: * □ Capital works (new buildings, renovations, building upgrades) □ Equipment (PPE, machines, sporting equipment) □ Technology assistance (digital services, connectivity)

☐ Human services (mental health, wellbeing programs, domestic violence)☐ Other:
You must select at least one response
Brief description of project *
Word count: Be descriptive, but succinct. Include a brief summary of the benficiaries, the activies you will perform and the expected outcomes (limit of 150 words)
Set out the main purpose of the project and details of any equipment or materials to be purchased and / or works to be conducted *
Word count: If relevant, include whether the property or equipment was insured and details of any claims made in relation to the damage (limit of 250 words)
For new mitigation works, detail the underlying requirement for the works and how this was identified and any relevant history of natural disasters that highlight the need for the works (if applicable) *
Word count: (limit of 250 words)
Number and location of people who will benefit, detailing the characteristics *
Word count: For example, age, geographic location, socio-economic status, etc (limit of 100 words)
Project impact on local community *
Word count: (limit of 100 words)
Details of any other organisations completing similar work and what makes this project different (if applicable)
Word count: (limit of 100 words)

How will the projec applicable)?	t be sustained once t	the funds have been	expended (if
Word count: (limit of 100 words)			
What would happen	n if the funding was r	not approved? *	
Word count: (limit of 100 words)			
O Yes O No	on self-fund this proje	ect through cash res	erves?
You must select at least Please explain why grant application *	the project has not	yet been funded and	why you need this
Word count:			
(limit of 100 words)			
	ion have any other o s, other funding, exis		oject? For example,
Word count: (limit of 100 words)			
Referees			
	d contact details of any uld be willing to speak o		
Referee 1 ○ Individual Organisation Name	○ Organisation		
First Name	Last Name		
Referee 1 Position			
Referee 1 Mobile P	hone Number		

Must be an Australian phone number. **Referee 1 Office Email** Must be an email address. Referee 2 Individual Organisation Organisation Name First Name Last Name **Referee 2 Position Referee 2 Mobile Phone Number** Must be an Australian phone number. **Referee 2 Office Email** Must be an email address. **Project Budget** * indicates a required field **Total Amount Requested** Total Project/Program Cost * \$

Budget (GST inclusive)

Details' page.

This number/amount is calculated. What is the total financial support you are

requesting in this application? This should be the same amount you requested on the 'Project

Please outline your project budget in the income and expenditure tables below, including details of other funding that you have applied for, whether it has been confirmed or not. All amounts should be GST inclusive.

project?

What is the total budgeted cost (dollars) of your

Provide clear descriptions for each budget item in the 'Income' and 'Expenditure' columns, Examples of income could include 'council community grant', 'trivia fundraising night', 'company X sponsorship'. Examples of expenses could include 'onsite power & water for 6 months', 'office supplies', 'part-time staffer x 40 hours'.

Income Type

Use the 'Notes' column for any additional information you think we should be aware of.

Confirmed

Income Amount Notes

Your budget **MUST** balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT). Please **do not add commas** to figures – e.g. type \$1000 not \$1,000 – this will ensure your figures for each table total correctly.

Description	Funding?			
		\$		
Expenditure Description	Expenditure Type	Expenditure Amount	Notes	
		\$		
		\$		
		\$		
		\$		
		\$		
			*	

Budget Totals

Income

Total Income Amount	Total Expenditure Amount	Income - Expenditure		
\$	\$			
This number/amount is calculated.	This number/amount is calculated.	This number/amount is calculated.		

How did you hear about RACQ Foundation?

* indicates a required field

*
 □ Social media □ TV Marketing □ RACQ Foundation email □ Word of mouth □ Internet search □ Other:
You must select at least one response

Project Timeline

* indicates a required field

Total duration of project

Word count: Estimated time to comple will stipulate the maximum (limit of 50 words).			ul, your funding agreement no more than 6 months
Project schedule tim	eline *		
Word count: List the implementation ti	meline to execute the pr	roject including dates/wee	eks (limit of 150 words)
Evaluation measures	*		
Word count:			
and reported (limit of 150		enefits of your project wi	ll be measured, monitored
Outcomes and antici	nated benefits of th	e project or activity	*
		p. 0,000 o. u.c	
(limit of 100 words)			
Partner Organisat	ions		
If applicable, please proposed project or act	•	,	tion associated with yourned contact details.
Is there a partner or O	ganisation asssocia	ted with your propos	sed project? *
O No You must select at least o	ne response		
If you answered 'yes Primary partner orga O Individual Organisation Name		ove, please complet	e the details below.
First Name	Last Name		

Partner ABN

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register

ABN

Entity name

ABN status

Entity type

Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type More information

ACNC Registration
Tax Concessions

Main business location

Must be an ABN.

Partner Office Phone Number

Must be an Australian phone number.

Partner Office Email

Must be an email address.

What contribution does this partner organisation provide for the project?

Word count:

(limit of 100 words)

Document Attachments

Organisation Verification Documents

Please provide any attachments available below. Any supporting documentation that you can provide below will assist us in reviewing and verifying your organisation.

Organisation Annual Report

Attach a file:

A copy of your most recent annual report (preferably audited).

Organisation GST Status

Attach a file:

Include details if your Organisation is registered for GST.
Organisation DGR Status Attach a file:
If you organisation has Deductable Gift Recipient status, please attach either a copy of the letter of
endorsement from the Australian Tax Office or a copy of your status.
Organisation Proof of Tenure Attach a file:
If your application relates to the reconstruction, replacement or repair of real estate, please provide proof of tenure (e.g. copy of Certificate of Title, Lease and License Agreement). If you do not own the land, please provide copies/details of the Landowner's consent to the works.
Organisation Insurance Attach a file:
If your project is in relation to the equipment and / or property to be replaced or repaired, please provide evidence of any insurance in relation to the equipment and / or property. Please provide copies of any correspondence in relation to claims relating to the repair and replacement of the
equipment or property.
Project Related Documents
Project Related Documents Please provide any attachments available below. Any supporting documentation that you
Project Related Documents Please provide any attachments available below. Any supporting documentation that you can provide below will assist us in reviewing and verifying your project. Building Work Approvals Attach a file:
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Project Related Documents Please provide any attachments available below. Any supporting documentation that you can provide below will assist us in reviewing and verifying your project. Building Work Approvals Attach a file: Please provide copies of all Local Authority and other approvals required to conduct any works (if applicable). Photographs / Drawings 1 Attach a file:
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Project Related Documents Please provide any attachments available below. Any supporting documentation that you can provide below will assist us in reviewing and verifying your project. Building Work Approvals Attach a file: Please provide copies of all Local Authority and other approvals required to conduct any works (if applicable). Photographs / Drawings 1 Attach a file: If any photos or drawings of how weather events have impacted your club/organisation showing damage or the proposed project are available - please provide in the fields below, especially if they

Photographs / Drawings 3			
Attach a file:			
If any photos or drawings of how we damage or the proposed project are assist with explaining your project.			
Quote 1 Attach a file:			
Successful applicants will need to p represents value for money (if appl		e quotes to demon	strate that the project or works
Quote 2 Attach a file:			
Successful applicants will need to p represents value for money (if appl		e quotes to demon	strate that the project or works
Quote 3 Attach a file:			
Successful applicants will need to p represents value for money (if appl		e quotes to demon	strate that the project or works
Grants and Government Ass Attach a file:	istance Pro	grams	
Please provide details of any succestrelated to the project (if applicable)		olications or goverr	nment assistance received, as
Certification and Feedb	oack		
* indicates a required field			
Certification			
This section must be completed the applicant organisation (may application form).			
I certify that to the best of napplication are true and corrorganisation is approved for and conditions of the grant a	rect, and I u this grant,	inderstand that we will be req	t if the applicant uired to accept the terms
l agree *	□ Yes		
Name of authorised person *	Title	First Name	Last Name

		Must be a senior sta authorised voluntee		or appropriately		
Position *		Position held in appl	icant organisation (e.g. CEO, Treasurer)		
Contact phone nu	mber *	Must be an Australia We may contact you by the applicant org	to verify that this a	application is authorised		
Contact Email *						
		Must be an email ad	dress.			
Date *						
		Must be a date				
Applicant Feedl	back					
You are nearing the end of the application process. Before you review your application and click the SUBMIT button please take a few moments to provide some feedback.						
Please indicate he		• •	ication process:			
) Easy	○ Neutral		3		
How many minute	es in total di	d it take you to c	omplete this ap	plication?		
Estimate in minutes i.	e. 1 hour = 60					
Please provide us additions to the a						